

**RECOMMENDATION FOR INCENTIVE
AWARD**

Information pertaining to awards may be found in the HRO manual Chapter 451.

☐ Special Act: Amount \$ _____ ☐ On-the-Spot: Amount \$ _____

☐ Quality Step Increase ☐ Time-Off: Hours _____ to be used by _____
(1 year maximum)

EMPLOYEE: _____ **SSN:** _____
If the Award is for more than one individual, attach a list of names, with SSN and award amount for each.

ACTIVITY: _____ **UIC:** _____

UIC of Recommending Official: _____
(If UIC is different from recommended employee(s) please provide accounting appropriation on next line.)

Accounting appropriation: _____

TANGIBLE/INTANGIBLE ESTIMATE OF BENEFITS

A. TANGIBLE BENEFITS. Approximate tangible value of benefit or savings: \$ _____

B. INTANGIBLE BENEFITS

(1) Value _____Moderate _____Substantial _____High _____Exceptional

(2) Extent of Application _____Limited _____Extended _____Broad _____General

JUSTIFICATION FOR AWARD:

Recommending Official's Signature

Typed Name

Title

Date

Approving Official's Signature

Typed Name

Title

Date